

**BEFORE THE DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

**In the Matter of the Accusation
Against:**

**Rosemary Stevens, M.D.
Certificate # G-9211**

Respondent.

File No: 03-96-59358

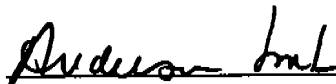
DECISION

The attached Stipulation is hereby adopted by the Division of Medical Quality of the Medical Board of California as its Decision in the above-entitled matter.

This Decision shall become effective on November 17, 1997

It is so ordered October 17, 1997.

**DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA**



**Anabel Anderson Imbert, M.D.
Chair
Panel B**

1 DANIEL E. LUNGREN, Attorney General
of the State of California
2 JANE ZACK SIMON, State Bar No. 116564
Deputy Attorney General
3 California Department of Justice
50 Fremont Street, Suite 300
4 San Francisco, California 94105-2239
Telephone: (415) 356-6286
5 Facsimile: (415) 356-6257

6 Attorneys for Complainant

7
8 **BEFORE THE**
DIVISION OF MEDICAL QUALITY
9 **MEDICAL BOARD OF CALIFORNIA**
STATE OF CALIFORNIA

10
11 In the Matter of the Accusation Against:) Case No. 03-96-59358
12 ROSEMARY W. STEVENS, M.D.)
3838 California Street) STIPULATION FOR
13 San Francisco, CA 94118) SETTLEMENT
14 Physician's and Surgeon's Certificate No. G-9211,)
15 Respondent.)
16

17 IT IS HEREBY STIPULATED by and between Rosemary W. Stevens, M.D.
18 (hereinafter "respondent") with the counsel and advice of her attorney, Brock D. Phillips, of
19 the law firm Sturgeon, Keller, Phillips, Gee & O'Leary , and complainant Ronald Joseph, in
20 his official capacity as Executive Director of the Medical Board of California ("Board"), by
21 and through its attorney, Daniel E. Lungren, Attorney General, by Jane Zack Simon, Deputy
22 Attorney General, as follows:

23 1. Accusation No. 03-96-59358 is presently pending against Rosemary W.
24 Stevens, M.D. (hereinafter referred to as the "respondent"), physician and surgeon's
25 certificate number G-9211, before the Division of Medical Quality of the Medical Board of
26 California (hereinafter referred to as the "Division").

27 2. The complainant in said Accusation, Ron Joseph is the Executive Director
28 of the Board and brought said

1 Accusation in his official capacity only.

2 3. Respondent has fully discussed with her attorney, Brock D. Phillips, the
3 charges and allegations contained in the Accusation and therefore has been fully advised
4 concerning her rights in this matter.

5 4. Respondent hereby freely and voluntarily waives her right to a hearing on
6 the charges and allegations contained in the Accusation, and further, respondent agrees to
7 waive her right to reconsideration, judicial review and any and all other rights which may be
8 accorded her by the Administrative Procedure Act and other laws of the State of California,
9 excepting her right to petition for reinstatement of her certificate pursuant to Business and
10 Professions Code section 2307.

11 5. This stipulation is a result of a negotiated compromise between respondent
12 and the Division. All admissions of fact and conclusions of law contained in this stipulation
13 are made exclusively for this proceeding and any future proceedings between the Division
14 and respondent and shall not be considered as an admission of any of the charges contained
15 in Accusation No. 03-96-59358 for any purpose in any other administrative, civil, or
16 criminal action, forum or proceeding.

17 6. Respondent's license history and status as set forth in paragraph 2 of the
18 Accusation is true and correct and respondent's address of record is as set forth in the
19 caption of this Stipulation. (A copy of the Accusation is attached as Exhibit A and
20 incorporated by reference in this stipulation.)

21 7. For purposes of the settlement of the action pending against respondent in
22 case No. 03-96-59358 and to avoid a lengthy administrative hearing, respondent admits that
23 the Board has jurisdiction under section 2234 of the Business and Professions Code to adopt
24 this stipulation for settlement as its decision and final resolution of this matter.

25 8. BASED UPON THE FOREGOING RECITALS, IT IS FURTHER
26 STIPULATED AND AGREED that the Medical Board of California, upon its adoption of
27 the Stipulation herein set forth, may, without further notice, prepare a decision and enter the
28 following order:

1 Physician and Surgeon Certificate No. G-9211 heretofore issued to Rosemary
2 W. Stevens, M.D., respondent, by the Medical Board of California, is hereby revoked;
3 PROVIDED HOWEVER, that execution of this order of revocation is stayed, and respondent
4 is placed on probation for a period of (4) four years, upon the following terms and
5 conditions:

6 Within 15 days after the effective date of this decision the respondent shall
7 provide the Division, or its designee, proof of service that respondent has served a true copy
8 of this decision on the Chief of Staff or the Chief Executive Officer at every hospital where
9 privileges or membership are extended or where respondent is employed to practice medicine
10 and on the Chief Executive Officer at every insurance carrier where malpractice insurance
11 coverage is extended.

12 **SPECIAL CONDITIONS**

13 (A) **PRESCRIBING PRACTICES COURSE AND EDUCATION**

14 **PROGRAM** Within 60 (sixty) days of the effective date of this decision, respondent shall
15 enroll in a course in Prescribing Practices, approved in advance by the Division or its
16 designee, and shall successfully complete the course during the first year of probation.
17 Following the completion of the course, the Division or its designee may administer an
18 examination to test respondent's knowledge of the course.

19 In each subsequent year of probation, respondent shall submit to the Division
20 or its designee for its prior approval an educational program or course focusing on the area
21 of prescribing practices, pain management and records keeping. Respondent shall complete
22 at least 40 (forty) hours of educational courses for each of the first 2 (two) years of
23 probation, and shall complete at least 25 (twenty five) hours of educational courses for the
24 remaining years of probation. This program shall be in addition to the Continuing Medical
25 Education requirements for re-licensure.

26 Respondent shall pay all costs of the prescribing practices course and
27 educational program.

28 / / /

1 B. CONTROLLED DRUGS - MAINTAIN RECORD Respondent shall
2 maintain a record of all controlled substances prescribed, dispensed or administered by
3 respondent during probation, showing all the following: 1) the name and address of the
4 patient, 2) the date, 3) the character and quantity of controlled substances involved, and 4)
5 the indications and diagnoses for which the controlled substance was furnished.

6 Respondent shall keep these records in a separate file or ledger, in
7 chronological order, and shall make them available for inspection and copying by the
8 Division or its designee, upon request.

9 C. ORAL CLINICAL OR WRITTEN EXAM Respondent shall take and
10 pass an oral clinical exam administered by the Division, or its designee. This examination
11 shall be taken within sixty (60) days after respondent completes the prescribing practices
12 course described in paragraph A, above, and shall be completed within the first year of
13 probation. The examination will be administered by three physicians board certified in
14 internal medicine or family practice, and shall focus on the areas of prescribing practices,
15 prescribing to addicts, pain management and records keeping. If respondent fails the first
16 examination, respondent shall be allowed to take and pass a second examination, which may
17 consist of a written as well as an oral examination. The waiting period between the first and
18 second examinations shall be at least three (3) months. Failure to pass the oral clinical
19 examination within eighteen (18) months after the effective date of this decision shall
20 constitute a violation of probation. The respondent shall pay the costs of these examinations
21 within ninety (90) days of the administration of each exam. Failure to pay these costs shall
22 constitute a violation of probation.

23 D. MONITORING Within 30 days of the effective date of this decision,
24 respondent shall submit to the Division or its designee for its prior approval a plan of
25 practice in which respondent's practice shall be monitored by another physician in
26 respondent's field of practice, who shall provide periodic reports to the Division or its
27 designee. If the monitor resigns or is no longer available, respondent shall, within 15 days,
28 move to have a new monitor appointed, through nomination by respondent and approval by

1 the Division or its designee. Respondent shall be responsible for all costs associated with the
2 monitor.

3 E. COST RECOVERY The respondent is hereby ordered to reimburse the
4 Division the amount of \$5,000 (five thousand dollars) within one hundred eighty (180) days
5 of the effective date of this decision for its investigative and prosecution costs. Failure to
6 reimburse the Division's cost of investigation and prosecution shall constitute a violation of
7 the probation order, unless the Division agrees in writing to payment by an installment plan
8 because of financial hardship. The filing of bankruptcy by the respondent shall not relieve
9 the respondent of her responsibility to reimburse the Division for its investigative and
10 prosecution costs.

11 (F) PROBATION COSTS Respondent shall pay the costs associated with
12 probation monitoring each and every year of probation in the amount of \$100.00 (one
13 hundred dollars) per month. Such costs shall be payable to the Division of Medical Quality
14 and delivered to the designated probation surveillance monitor at the beginning of each
15 calendar year. Failure to pay costs within 30 days of the due date shall constitute a violation
16 of probation.

17 (G) SUPERVISION OF PHYSICIAN ASSISTANTS Respondent shall not
18 supervise any physician assistants.

19 STANDARD CONDITIONS

20 (H) OBEY ALL LAWS Respondent shall obey all federal, state and local
21 laws, all rules governing the practice of medicine in California and remain in full compliance
22 with any court-ordered criminal probation, payments and other orders.

23 (I) QUARTERLY REPORTS Respondent shall submit quarterly
24 declarations under penalty of perjury on forms provided by the Division stating whether there
25 has been compliance with all the conditions of probation.

26 (J) PROBATION SURVEILLANCE PROGRAM COMPLIANCE
27 Respondent shall comply with the Division's probation surveillance program. Respondent
28 shall, at all times, keep the Division informed of her addresses of business and residence

1 which shall both serve as addresses of record. Changes of such addresses shall be
2 immediately communicated in writing to the Division. Under no circumstances shall a post
3 office box serve as an address of record.

4 Respondent shall also immediately inform the Division, in writing, of any
5 travel to any areas outside the jurisdiction of California which lasts, or is contemplated to
6 last, more than thirty (30) days.

7 (K) INTERVIEW WITH THE DIVISION, ITS DESIGNEE, OR ITS
8 DESIGNATED PHYSICIAN Respondent shall appear in person for interviews with the
9 Division, its designee or its designated physician(s) upon request at various intervals and with
10 reasonable notice.

11 (L) TOLLING OF PROBATION In the event respondent should leave
12 California to reside or to practice outside the State or for any reason should respondent stop
13 practicing medicine in California, respondent shall notify the Division or its designee in
14 writing within ten days of the dates of departure and return or the dates of non-practice
15 within California. Non-practice is defined as any period of time exceeding thirty days in
16 which respondent is not engaging in any evidence defined in Sections 2051 and 2052 of the
17 Business and Professions Code. All time spent in an intensive training program approved by
18 the Division or its designee shall be considered as time spent in the practice of medicine.
19 Periods of temporary or permanent residence or practice outside California or of non-practice
20 within California, as defined in this condition, will not apply to the reduction of the
21 probationary period.

22 (M) COMPLETION OF PROBATION Upon successful completion of
23 probation, respondent's certificate shall be fully restored.

24 (N) VIOLATION OF PROBATION If respondent violates probation in any
25 respect, the Division, after giving respondent notice and the opportunity to be heard, may
26 revoke probation and carry out the disciplinary order that was stayed. If an accusation or
27 petition to revoke probation is filed against respondent during probation, the Board shall have
28 continuing jurisdiction until the matter is final, and the period of probation shall be extended

1 until the matter is final.

2 (O) **LICENSE SURRENDER** Following the effective date of this probation,
3 if respondent ceases practicing due to retirement, health reasons or is otherwise unable to
4 satisfy the terms and conditions of probation, respondent may voluntarily tender her
5 certificate to the Division. The Division reserves the right to evaluate the respondent's
6 request and to exercise its discretion whether to grant the request, or to take any other action
7 deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the
8 tendered license, respondent will no longer be subject to the terms and conditions of
9 probation.

10 10. **IT IS FURTHER STIPULATED AND AGREED** that the terms set
11 forth herein shall be null and void, and in no way binding upon the parties hereto, unless and
12 until accepted by the Medical Board of California. Respondent further agrees that in addition
13 to submitting this stipulation to the Board for acceptance and adoption, counsel for
14 complainant may also submit to the Board a memorandum recommending the stipulation's
15 adoption. Respondent agrees that the memorandum recommending adoption shall not, under
16 any circumstances, be discoverable or disclosed to respondent.

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ACCEPTANCE

I HEREBY CERTIFY that I have read this Stipulation for settlement in its entirety, that I fully understand the terms of this Stipulation, and I voluntarily agree to them. I agree that a FAX copy of my signature shall be binding upon me.

IN WITNESS THEREOF, I affix my signature this 27 day of August, 1997 at ESSE 84, California.


ROSEMARY W. STEVENS
Respondent

I have fully discussed with respondent Rosemary W. Stevens, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Decision and approve its form and content.

DATED: 2 SEPTEMBER 1997

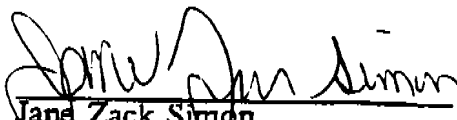

BROCK D. PHILLIPS
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Decision is hereby respectfully submitted for consideration of the Division of Medical Quality, Medical Board of California, Department of Consumer Affairs.

DATED: Sept. 15, 1997

DANIEL E. LUNGREN, Attorney General
of the State of California


Jane Zack Simon
Deputy Attorney General

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ACCEPTANCE

I have carefully read and fully understand the stipulation and order set forth above. I have discussed the terms and conditions set forth in the stipulation and order with my attorney, Henry R. Fenton, Esq. I understand that in signing this stipulation I am waiving my right to a hearing on the charges set forth in the First Amended Accusation on file in this matter. I further understand that in signing this stipulation the Division may enter the foregoing order placing certain requirements, restrictions and limitations on my right to practice medicine in the State of California.

DATED: _____

3-17-2000



BENNY NEWMAN, M.D.
Respondent

EXHIBIT A

1 DANIEL E. LUNGREN, Attorney General
of the State of California
2 JANE ZACK SIMON, State Bar No. 116564
Deputy Attorney General
3 California Department of Justice
50 Fremont Street, Suite 300
4 San Francisco, California 94105-2239
Telephone: (415) 356-6286
5 Facsimile: (415) 356-6257

6 Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO March 6 1997
BY Chick Farnes ASSOCIATE

7
8 BEFORE THE
DIVISION OF MEDICAL QUALITY
9 MEDICAL BOARD OF CALIFORNIA
STATE OF CALIFORNIA
10

11 In the Matter of the Accusation Against:) Case No. 03-96-59358
12 ROSEMARY W. STEVENS, M.D.)
3838 California Street)
13 San Francisco, CA 94118)
14 Physician's and Surgeon's Certificate No. G-9211,)
15 Respondent.)

16

17 The Complainant alleges:

18

PARTIES

19

20 1. Complainant, Ron Joseph, is the Executive Director of the Medical
Board of California (hereinafter the "Board") and brings this accusation solely in his official
21 capacity.

22

23 2. On or about November 26, 1963, Certificate
No. G-9211 was issued by the Board to ROSEMARY W. STEVENS, M.D. (hereinafter
24 "respondent"), and at all times relevant to the charges brought herein, this license has been
25 in full force and effect. Unless renewed, it will expire on February 28, 1999.

26

JURISDICTION

27

28 3. This accusation is brought before the Division of Medical Quality of
the Medical Board of California, Department of Consumer Affairs (hereinafter the

1 "Division"), under the authority of the following sections of the California Business and
2 Professions Code (hereinafter "Code"):

3 A. Section 2227 of the Code provides that the Board may revoke, suspend
4 for a period not to exceed one year, or place on probation, the license of any licensee who
5 has been found guilty under the Medical Practice Act.

6 B. Section 2234 of the Code provides that unprofessional conduct includes,
7 but is not limited to, the following:

8 "(a) Violating or attempting to violate, directly or indirectly, or assisting in or
9 abetting the violation of, or conspiring to violate, any provision of this chapter.

10 (b) Gross negligence.

11 (c) Repeated negligent acts.

12 (d) Incompetence.

13 C. Section 725 provides that repeated acts of clearly excessive prescribing or
14 administering of drugs or treatment, repeated acts of clearly excessive use of diagnostic
15 procedures, or repeated acts of clearly excessive use of diagnostic or treatment facilities as
16 determined by the standard of the community of licensees is unprofessional conduct for a
17 physician and surgeon.

18 D. Section 2238 provides that a violation of any federal statute or federal
19 regulation or any of the statutes or regulations of this state regulating dangerous drugs or
20 controlled substances constitutes unprofessional conduct.

21 E. Section 2242(a) provides that prescribing, dispensing, or furnishing of
22 dangerous drugs as defined in section 2411 without a good faith prior examination and
23 medical indication therefor, constitutes unprofessional conduct.

24 F. Section 2241 provides, in pertinent part, that the prescribing, selling,
25 furnishing, giving away, or administering or offering to prescribe, sell, furnish, give away,
26 or administer any of the drugs or compounds mentioned in Section 2239 to an addict or
27 habitue constitutes unprofessional conduct.

28 G. Section 11007 of the Health and Safety Code provides that a controlled

1 substance, unless otherwise specified, means any drug, substance or immediate precursor
2 which is listed in any schedule in section 11054, 11055, 11056, 11057 or 11058.

3 H. Section 11153 of the Health and Safety Code provides, in pertinent part,
4 that a prescription for a controlled substance shall only be issued for a legitimate medical
5 purpose by an individual practitioner acting in the usual course of his or her professional
6 practice. Section 11153 further states that an order purporting to be a prescription which is
7 issued not in the usual course of professional treatment or in legitimate and authorized
8 treatment is not a legal prescription.

9 I. Section 125.3 of the Code provides, in part, that the Board may request
10 the administrative law judge to direct any licensee found to have committed a violation or
11 violations of the licensing act, to pay the Board a sum not to exceed the reasonable costs of
12 the investigation and enforcement of the case.

13 4. Section 2227 of the Code provides that a licensee who is found guilty
14 under the Medical Practice Act may have his license revoked, suspended for a period not to
15 exceed one year, placed on probation and required to pay the costs of probation monitoring,
16 or such other action taken in relation to discipline as the Division deems proper.

17 5. Section 16.01 of the 1996/1997 Budget Act of the State of California
18 provides, in pertinent part, that: (a) no funds appropriated by the act may be expended to pay
19 any Medi-Cal claim for any service performed by a physician while that physician's license
20 is under suspension or revocation due to a disciplinary action of the Medical Board of
21 California; and, (b) no funds appropriated by this act may be expended to pay any Medi-Cal
22 claim for any surgical service or other invasive procedure performed on any Medi-Cal
23 beneficiary by a physician if that physician has been placed on probation due to a disciplinary
24 action of the Medical Board of California related to the performance of that specific service
25 or procedure on any patient, except in any case where the board makes a determination
26 during its disciplinary process that there exist compelling circumstances that warrant
27 continued Medi-Cal reimbursement during the probationary period.

28 / / /

1 DRUGS

2 6. This case involves the following drugs:

3 A. Darvon (Propoxyphene Hydrochloride) is a dangerous drug as defined by
4 section 4211 of the Business and Professions Code and is a Schedule IV controlled substance
5 as defined in section 11057 of the Health and Safety Code. Darvon is a centrally acting
6 narcotic analgesic indicated for relief of mild to moderate pain.

7 B. Ativan (Lorazepam) is a dangerous drug as defined by section 4211 of the
8 Business and Professions Code and is a Schedule IV controlled substance as defined in
9 section 11057 of the Health and Safety Code. Ativan is an antianxiety agent.

10 C. Tenuate (Diethylpropion Hydrochloride) is a dangerous drug as defined by
11 section 4211 of the Business and Professions Code and is a Schedule IV controlled substance
12 as defined in section 11057 of the Health and Safety Code.

13 Tenuate is an anorectic used for weight loss.

14 D. Xanax (Alprazolam) is a dangerous drug as defined by section 4211 of the
15 Business and Professions Code and is a Schedule IV controlled substance as defined in
16 section 11057 of the Health and Safety Code. Xanax is an anti-anxiety agent.

17 E. Phenaphen No. 3 (acetaminophen and codeine) is a dangerous drug as
18 defined by section 4211 of the Business and Professions Code and is a Schedule III
19 controlled substance as defined in section 11056 of the Health and Safety Code. Phenaphen
20 is used to relieve pain.

21 F. Librax (chlordiazepoxide hydrochloride and clidinium bromide) is a
22 dangerous drug as defined by section 4211 of the Business and Professions Code. Librax is
23 used as an anti-anxiety agent.

24 G. Percodan (oxycodone and aspirin) is a dangerous drug as defined by
25 section 4211 of the Business and Professions Code and is a Schedule II controlled substance
26 as defined in section 11055 of the Health and Safety Code. Percodan is an analgesic used to
27 relieve pain.

28 H. Valium (diazepam) is a dangerous drug as defined by section 4211 of the

1 Business and Professions Code and is a Schedule IV controlled substance as defined in
2 section 11057 of the Health and Safety Code. Valium is used to treat anxiety.

3 I. Dalmane (flurazepam hydrochloride) is a dangerous drug as defined by
4 section 4211 of the Business and Professions Code. Dalmane is used to treat insomnia.

5 J. Demerol (meperidine) is a dangerous drug as defined by section 4211 of
6 the Business and Professions Code and is a Schedule II controlled substance as defined in
7 section 11055 of the Health and Safety Code. Demerol is a narcotic analgesic.

8 K. Tylenol #3 and #4 (acetaminophen and codeine) is a dangerous drug as
9 defined by section 4211 of the Business and Professions Code and is Schedule III controlled
10 substance as defined in section 11056 of the Health and Safety Code. Tylenol #3 and #4 are
11 analgesics used to relieve pain.

12 L. Fiorinal (aspirin and butalbital) is a dangerous drug as defined by section
13 4211 of the Business and Professions Code and is a Schedule III Controlled substance as
14 defined in section 11056 of the Health and Safety Code. It is an analgesic.

15 M. Azulfidine (sulfasalazine) is a dangerous drug as defined by section 4211
16 of the Business and Professions Code. It is an anti-inflammatory agent.

17 N. Voltaren (diclofenac sodium) is a dangerous drug as defined by section
18 4211 of the Business and Professions Code. It is an anti-inflammatory agent.

19 O. Naprosyn (Naproxyn) was at the time in question a dangerous drug as
20 defined by section 4211 of the Business and Professions Code. It is an anti-inflammatory
21 agent.

22 PATIENT C.C.^{1/}

23 7. From approximately 1979 and until November, 1995, respondent, who
24 specializes in internal medicine, provided care and treatment for Patient C.C..

25 8. When C.C. first saw respondent in 1979, C.C. was 24 years old. Between
26

27 1. Initials are used to identify the patients in this Accusation to protect their privacy.
28 The full names of the patients will be disclosed to respondent pursuant to a Request for
Discovery.

1 1979 and 1991, C.C. saw respondent for episodic outpatient problems and routine health
2 care. Respondent periodically prescribed medication to C.C., including Tenuate for weight
3 loss. Respondent's medical records do not reflect any history and physical, nor do they
4 document diagnostic impressions, medical indication for prescriptions, or complete physical
5 examinations.

6 9. On or about March 19, 1991, respondent saw C.C. and diagnosed "panic
7 attack". Respondent records reflect a physical examination limited to pulse and blood
8 pressure. Laboratory tests were ordered, but the results are not included in C.C.'s medical
9 records, and are not subsequently incorporated into the record. Respondent prescribed
10 Ativan and Xanax. Respondent saw C.C. for office visits on four occasions in 1991;
11 respondent regularly authorized telephone refills of Ativan, Xanax, Darvon Donnatol and
12 Librax for the remainder of 1991. On two occasions in 1991, respondent's records show
13 that she denied C.C.'s requests for prescription refills.

14 10. Throughout the calendar year 1992, respondent regularly prescribed
15 Darvon, Ativan and Xanax to C.C. C.C. was seen in respondent's office on two occasions
16 in 1992, but there is no indication of a thorough physical examination or assessment.
17 Although respondent's records show that on December 4, 1992, a pharmacist called to
18 suggest that C.C. was receiving Darvon from another physician, respondent continued to
19 authorize prescriptions for Darvon, Ativan and Xanax by telephone. Respondent's records
20 are devoid of any indication for these prescriptions.

21 11. Throughout the calendar year 1993, respondent regularly prescribed
22 Darvon, Ativan and Xanax to C.C. C.C. was seen in respondent's office on one occasion in
23 1993, and no complete physical examination was made. Respondent's records show that on
24 two occasions in 1993 she was contacted by pharmacists who advised her that C.C. was
25 receiving prescriptions from other physicians. Respondent continued to authorize the refill
26 prescriptions for Darvon, Ativan and Xanax. Respondent's records are devoid of any
27 indication for the prescriptions.

28 12. Throughout the calendar year 1994, respondent regularly prescribed

1 Darvon, Ativan and Xanax to C.C. In addition, in September and November, 1994,
2 respondent prescribed Tenuate to C.C. Respondent's records are devoid of any indication
3 for the prescriptions, and C.C. was not seen in respondent's office during the entire 1994
4 calendar year.

5 13. During the calendar year 1995, respondent regularly prescribed Darvon,
6 Ativan and Xanax to C.C., and on one occasion prescribed Tenuate. C.C. was seen once in
7 1995, on February 22, 1995. At that time, respondent documented C.C.'s chronic use of
8 Xanax, Atavin and Darvon, but continued to prescribe them.

9 14. On November 23, 1995, C.C. died at home. An autopsy concluded that
10 she died of polypharmacy toxicity, and the coroner found C.C.'s death to have been
11 accidental.

12 **FIRST CAUSES FOR DISCIPLINE--re: PATIENT C.C.**

13 15. The allegations of paragraphs 7 through 14 are incorporated herein by
14 reference.

15 16. Throughout her treatment of C.C., respondent failed to conduct an
16 adequate and good faith physical examination and evaluation of C.C.'s medical condition,
17 she did not establish a medical indication for the prescriptions she issued to C.C, and she
18 prescribed clearly excessive amounts of drugs to C.C. Respondent also failed to maintain
19 adequate or complete medical records of her treatment of C.C. Therefore, respondent has
20 subjected her license to disciplinary action pursuant to Business and Professions Code
21 sections 2234 (unprofessional conduct); 2234(b) (gross negligence); 2234(c) (negligence);
22 2234(d) (incompetence); 725 (excessive prescribing); 2238 (violation of drug statutes);
23 2242(a)(prescribing without good faith prior examination and medical indication therefor);
24 and Health and Safety Code section 11153(issuance of prescription for controlled substance
25 without legitimate medical purpose.).

26 17. In continuing to prescribe controlled substances to C.C. after she learned
27 that C.C. was receiving medications from other sources, and in failing to consult with the
28 other prescribers, respondent has subjected her license to disciplinary action pursuant to

1 sections 2234 (unprofessional conduct); 2234(b) (gross negligence); 2234(c)(negligence);
2 2234(d) (incompetence)

3 18. In prescribing multiple drugs simultaneously for treating a diagnosis of
4 "panic attacks", respondent has subjected her license to disciplinary action pursuant to
5 sections 2234(b) (gross negligence); 2234(c) (negligence); 2234(d) (incompetence), and 725
6 (excessive prescribing)

7 19. In continuing to prescribe as alleged to C.C. when respondent knew or
8 should have known that C.C. was habituated to one or more drugs, respondent has subjected
9 her license to disciplinary action pursuant to section 2241 (prescribing to an addict) and
10 2234(d) (incompetence.) in conjunction with Health and Safety Code section 11154.

11 PATIENT L.F.

12 20. Commencing in 1979, respondent began to treat patient L.F.^{2/}, who was
13 at that time 64 years old. L.F. presented with a history of chronic abdominal pain for which
14 no etiology had been determined, despite several extensive medical workups. At the time
15 respondent first saw L.F., she was taking Phenaphen #3. Respondent continued to prescribe
16 Phenaphen #3 to L.F.. In July, 1977, respondent also prescribed Percodan to L.F., although
17 her records do not note any reason, diagnosis or justification other than L.F.'s subjective
18 complaints. Between 1977 and 1990, respondent prescribed various controlled substances to
19 L.F., including Phenaphen, Percodan, Librax, Valium, Dalmane, Demerol and Tylenol #3.
20 Each of these prescriptions was issued without any documentation of L.F.'s symptoms or of
21 a physical examination, and without a justifying diagnosis.

22 21. In October, 1978, respondent's records reflect that L.F. had an addiction
23 to Percodan, and a withdrawal plan was recorded. However, following that notation,
24 respondent continued to prescribe Tylenol #3 and Tylenol #4 and Percodan for a period of
25 approximately 10 years for patient complaints of chronic undiagnosed pain.

26 22. By 1982, despite the fact that respondent was treating L.F. for
27

28 2. L.F. was patient C.C.'s mother.

1 hypertension and coronary artery disease, respondent also prescribed Tenuate for obesity.
2 Respondent also prescribed Fiorinal #3 for a diagnosis of headache, despite the fact that L.F.
3 had a history of recent confusion.

4 23. In 1985, respondent began to prescribe Naproxyn for reasons not
5 explained in the record.

6 24. In May, 1987, respondent's record reflects a discussion with L.F.
7 concerning the need to decrease her narcotics prescriptions. However, respondent continued
8 to prescribe Percodan, Tylenol #4, Vicodin, Azulfidine and Voltaren, as well as medication
9 for hypertension and coronary disease. Respondent also noted that L.F. was taking Advil.

10 25. In 1990, respondent's chart for L.F. contains a hospital record reflecting
11 an admission by another physician, in which L.F.'s manipulative drug seeking behavior is
12 clearly documented. Another hospital admission from 1979 documents an addiction to
13 Percodan.

14 26. Respondent's records contain multiple indications that L.F. had an
15 elevated serum creatinine, decreased renal concentrating ability and other indications of
16 renal problems as far back as 1978. In spite of this information, respondent continued to
17 prescribe analgesics and nonsteroidal anti-inflammatory drugs to L.F. in large amounts over
18 a long period of time.

19 27. Respondent last saw L.F. in her office in April, 1990. L.F. died in
20 August, 1992.

21 **SECOND CAUSES FOR DISCIPLINE--re: PATIENT L.F.**

22 28. The allegations of paragraphs 20 through 27 are incorporated herein by
23 reference.

24 29. Throughout her treatment of L.F., respondent failed to conduct an
25 adequate and good faith physical examination, evaluation and diagnosis of L.F.'s medical
26 condition, she did not establish a medical indication for the prescriptions she issued to L.F.,
27 and she prescribed clearly excessive amounts of drugs to L.F. Respondent also failed to
28 maintain adequate or complete medical records of her treatment of L.F. Therefore, respondent

1 has subjected her license to disciplinary action pursuant to Business and Professions Code
2 sections 2234 (unprofessional conduct); 2234(b) (gross negligence); 2234(c) (negligence);
3 2234(d) (incompetence); 725 (excessive prescribing); 2238 (violation of drug statutes);
4 2242(a)(prescribing without good faith prior examination and medical indication therefor);
5 and Health and Safety Code section 11153(issuance of prescription for controlled substance
6 without legitimate medical purpose.).

7 30. In continuing to prescribe as alleged to L.F. when respondent knew or
8 should have known that L.F.. was habituated to one or more drugs, respondent has subjected
9 her license to disciplinary action pursuant to section 2241 (prescribing to an addict) and
10 2234(d) (incompetence.) in conjunction with Health and Safety Code section 11154.

11 31. In prescribing and/or condoning the use of analgesics and non-steroidal
12 anti-inflammatory medications as alleged when respondent knew or should have known
13 about L.F.'s potential for renal failure, respondent has subjected her license to disciplinary
14 action pursuant to sections 2234 (unprofessional conduct); 2234(b) (gross negligence);
15 2234(c) (negligence); 2234(d) (incompetence); 725 (excessive prescribing); 2238 (violation of
16 drug statutes); 2242(a)(prescribing without good faith prior examination and medical
17 indication therefor).

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1 PRAYER

2 WHEREFORE, the complainant requests that a hearing be held on the matters
3 herein alleged, and that following the hearing, the Division issue a decision:


4 1. Revoking or suspending Certificate Number G-9211, heretofore issued
5 to respondent Rosemary W. Stevens, M.D.;

6 2. Revoking, suspending or denying approval of the respondent's authority
7 to supervise physician's assistants, pursuant to Business and Professions Code section 3527;

8 3. Ordering respondent to pay the Division the actual and reasonable costs
9 of the investigation and enforcement of this case and, if placed on probation, the costs of
10 probations monitoring;

11 4. Taking such other and further action as the Division deems necessary
12 and proper.

13 DATED: March 6, 1997

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16 
17 RON JOSEPH
18 Executive Director
19 Medical Board of California
20 Department of Consumer Affairs
21 State of California

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Complainant